



# FRESH FOODS HERE

## AN EMERGING MODEL FOR HEALTHY FOOD RETAIL 2014 SUMMARY REPORT

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# EXECUTIVE SUMMARY

Many urban neighborhoods in Central Ohio lack access to healthy, affordable foods. People who live in communities deemed “food deserts” are at increased risk for a number of poor health outcomes.<sup>1,2,3</sup> Improving access to healthy foods has been identified as a critical priority for Columbus, and Fresh Foods Here (FFH) is a coordinated, community response to this need. At the core of the FFH approach, participating corner stores are incentivized and supported to sell healthy products.

FFH launched its Expansion Phase in 2013. The goals of this Phase were to replicate the successes of the previous Demonstration Phase and strengthen the program infrastructure for continued growth. Successes highlighted in this report demonstrate how the Initiative met these goals. Just as the Expansion Phase reflected the learning from the Demonstration Phase, these successes and lessons learned will serve as an important foundation for the future of FFH.

*Improving access to healthy foods has been identified as a critical priority for Columbus.*

## Outcomes of the Expansion Phase

### Objective One: Increase availability of healthy, affordable food

The Expansion Phase began with the recruitment of six new stores, extending the Initiative’s reach beyond Franklinton to the Greater Hilltop neighborhood. Progress on three indicators illustrates FFH’s impact on availability.

- 1. Store Improvements.** All stores received shelving improvements to ensure that healthy foods were displayed attractively. Capital improvements were coordinated at the four top performing stores. Changes to the incentive structure helped foster high levels of storeowner commitment.
- 2. Store Patronage.** On average, foot traffic at stores increased 8.2%, and the number of transactions rose 11.4%.
- 3. Availability of Healthy Food.** Data from inventories point to an initial increase in both the quantity and variety of healthy foods stocked; however, at post, the average stock of healthy options dropped. Data from stores’ invoices suggested a different pattern. The average number of healthy items ordered by storeowners increased 111.5% between pre and interim data collection then remained steady.

## Initiative Results by Objective & Key Indicator

Objective	Key Indicator	Result
1. Increase the availability of healthy, affordable food in corner stores on the west side of Columbus	1) Store Improvements	• Appropriate incentives coordinated in all stores
	2) Patronage	• 8.2% increase in daily shoppers • 11.4% increase in daily transactions
	3) Healthful Food Availability	• 7.3% increase in quantity inventoried • 111.5% increase in quantity ordered
2. Encourage healthy food consumption.	1) Healthful Food Purchases	• 60.6% increase in quantity sold
3. Increase consumer knowledge of healthy diets	1) Resident Knowledge & Intent	• Significant gains in confidence to adopt two behaviors • Higher confidence & importance reported by those who knew of FFH



## Objective Two: Encourage Healthy Food Consumption

- 4. Healthful Food Purchases.** The average number of items sold rose 60.6% from pre to post, with most growth occurring right away.

## Objective Three: Increase Consumer Knowledge of Healthy Diets

- 5. Self Efficacy/Intent.** Consumer confidence increased in nearly all behaviors included in the customer survey, especially eating vegetables and low sodium foods. The importance that people attached to healthy behaviors remained steady. The percentage of respondents who had heard of FFH increased significantly, and individuals who had heard of FFH reported higher levels of importance and confidence.

## Improvements in Project Infrastructure

These outcomes would not have been possible without a supportive infrastructure. The continued development of the FFH model was another goal of the Expansion Phase. Innovations that occurred during the Expansion Phase included:

- Adding nine new community partners to the Healthy Corner Store Collaborative.
- Contracting with a project manager to manage the daily operations of FFH.
- Engaging with the West Side community to scan the food assets and identify ideas for improving healthy food education and access.
- Recruiting 48 volunteers who contributed a total of 258 hours.
- Securing increased and new investments from funders.
- Receiving invitations to be part of collaborative applications for competitive state and federal grants.
- Establishing an online presence, and expanding marketing and branding efforts.
- Initiating a strategic planning process.

## Future Direction

FFH's continued success demonstrates the effectiveness of the healthy corner store model. Lessons learned and improvements made during the Expansion Phase will serve as a foundation for the future of the Initiative. FFH also will encounter new programmatic and systemic obstacles, but if anticipated and addressed proactively, these challenges present opportunities for FFH to position itself as an influential partner in food access work in Columbus. Potential challenges include:

- Streamlining the evaluation and capital improvement processes.
- Engaging new community partners in meaningful, proactive ways.
- Establishing a distribution model that meets the needs of small storeowners.
- Contributing to a shift in consumers' attitudes, knowledge, skills, and behaviors as they relate to healthy eating habits.
- Exploring alternative models for institutionalizing healthy food retailing.

As one partner in food access work in Columbus, FFH stands to have systemic impact as it expands to new communities and strengthens and adapts its program model. This work and the role of FFH are critical to ensuring that all Columbus residents have access to healthy foods.





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# FRESH FOODS HERE

## Introduction

Many urban neighborhoods in Central Ohio lack access to healthy, affordable foods. These areas are called “food deserts” and result from a combination of social and economic conditions. People who live in these communities often rely on corner stores as one of few places to purchase food, but healthy options at these stores are often limited. When such options are available, they may be too expensive for moderate or low-income customers, who as a result, experience limited access to healthy foods. Research has shown a relationship between poor food access and higher rates of diet-related health issues, including high blood pressure and diabetes.<sup>1, 2, 3</sup> Ensuring access to healthy foods has been identified locally as a critical strategy for reducing the chronic disease burden in Ohio, for addressing the high rates of infant mortality in Franklin County, and for supporting the early development of Columbus children.<sup>4, 5, 6</sup> Moreover, healthy food retailing strategies have the potential to contribute to community and economic revitalization.<sup>7</sup>

In response to the growing need for food access in Columbus, Fresh Foods Here (FFH) was launched in 2010. Now guided by a Collaborative representing 14 community organizations, the overarching goals of FFH are to:

- Improve the availability of healthy, affordable foods at corner stores and small food retailers in Columbus.
- Encourage healthy food consumption.
- Increase consumer knowledge of the importance of healthful foods.

One of FFH’s primary strategies is building the capacity of corner stores to retail healthy products. During the Demonstration Phase, three Franklinton stores were recruited as pilot stores. These stores experienced an average 45% increase in foot traffic; increased the availability of healthy foods by 12%; and saw healthy food purchases rise by 38%.<sup>8</sup> Specific goals of the Expansion Phase, which began in early 2013, were replicating these successes at six newly recruited stores and establishing infrastructure for continued growth and improvement. Key results that highlight the achievement of these goals include:

- 8.2% increase in foot traffic to stores committed to offering healthy items.
- 60.6% increase in the quantity of healthy products sold at participating stores.
- 38% increase in the percentage of surveyed customers who recognized FFH.
- Nine new community agencies recruited to the Healthy Corner Store Collaborative (HCSC).
- Increased resources devoted to the project management and implementation of FFH.

This report explores these and related outcomes in detail. Following a brief description of the Initiative’s context and model, evaluation results from the Expansion Phase are presented. First, store-level outcomes, measured through rapid market assessments, store inventories, consumer surveys, etc., are described. Then, markers of initiative-level progress are presented, informed in part by qualitative evaluation strategies such as stakeholder interviews. Finally, this report concludes with a discussion about the future of FFH and how it might be sustained and institutionalized as part of a broader, comprehensive food access solution in Columbus.



FFH fruit baskets displayed at Rosco’s Market



# BACKGROUND & CONTEXT

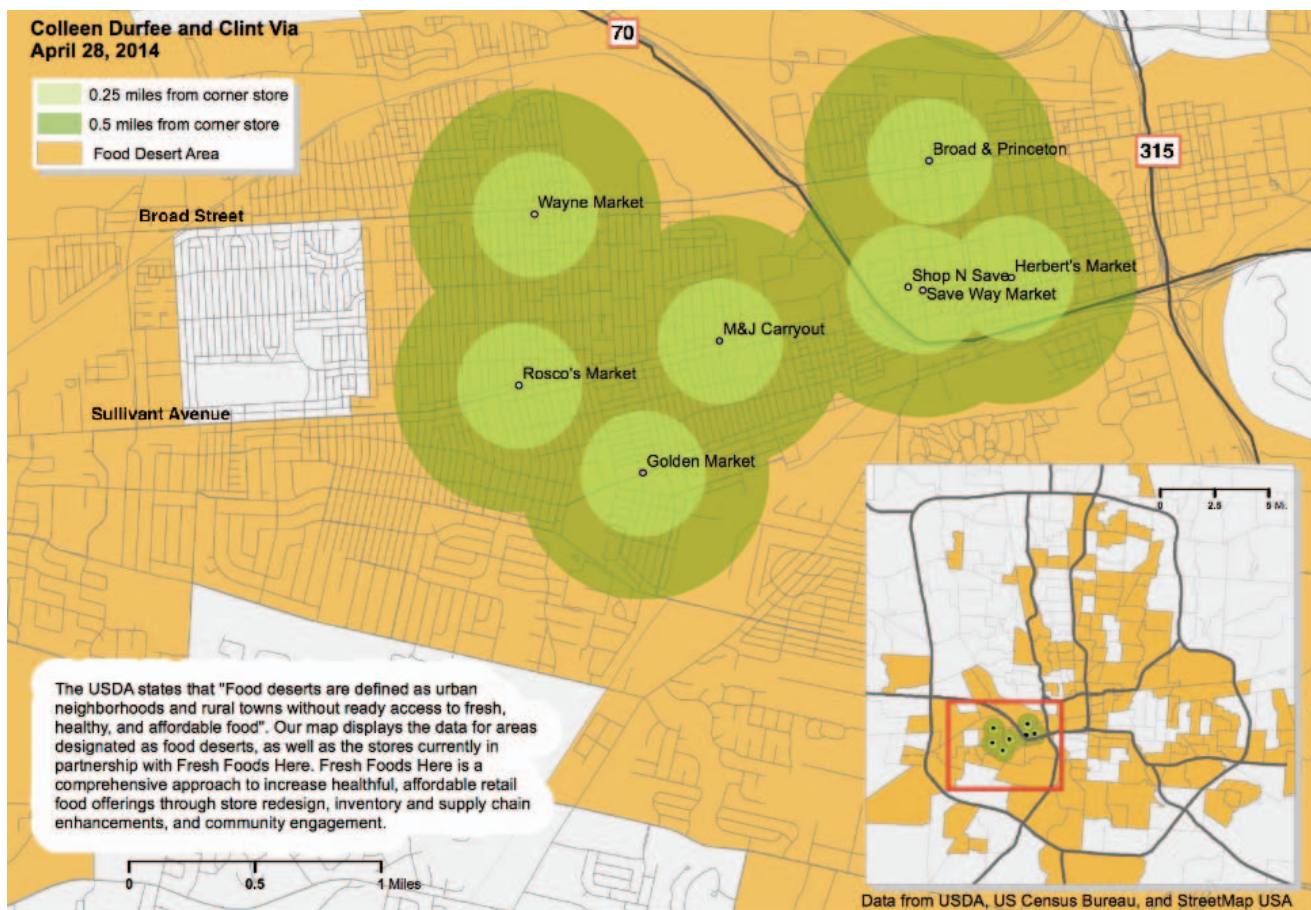
## Food Access in Columbus

Across Franklin County, 17.7% of residents experienced food insecurity in 2012. At 22.3% - more than one in five - this rate was even higher among children.<sup>9</sup> Often, individuals who are experiencing food insecurity especially lack access to healthy, affordable options. Areas in Columbus with the poorest access to fresh food retailers and the highest rates of diet-related deaths include Franklinton, Greater Hilltop, Far South Columbus, and North Central.<sup>3</sup> In 2010, students from The Ohio State University surveyed 52 corner and convenience stores in such Columbus neighborhoods. Their work showed that these stores sold few healthy items but many alcohol and snack food products.<sup>10</sup>

Poor access to healthy foods results from and contributes to many broader social and health issues. In Franklinton, the first community involved in FFH, 57.8% of households live in poverty.<sup>11</sup> In Columbus as a whole, the rates of obesity, diabetes, and infant mortality are higher than national averages.<sup>12</sup> While diet related health issues affect people at all income levels, individuals with limited incomes usually have poorer access to healthy foods and appropriate medical care. As a result, they are more likely to experience negative health outcomes. Poor nutrition also has consequences beyond physical health. Babies' brains triple in size by the time they are three years old. The vitamins and minerals in healthy foods are important building blocks for this growth process and are essential as children begin to learn about and communicate with the world around them.<sup>2</sup>

*17.7% of residents experienced food insecurity in 2012.*

**Figure one:** FFH Corner Store Partners: Alleviating the Severity of Food Deserts on West Side Columbus





## The FFH Model

Food access issues are not unique to Columbus. Cities across the country have started Healthy Corner Store projects and related programs to expand the availability of fresh food in urban communities. Nationally recognized thought leaders, including the Centers for Disease Control and Prevention, The Food Trust, Changelab Solutions, and the Robert Wood Johnson Foundation, all identify working with corner stores as a key part of any response to food access issues. Large investments of both federal and private funds continue to advance this promising strategy.

Locally, FFH takes a broad approach to this work. Participating storeowners are asked to increase their selection of healthy, affordable foods. In turn, they receive technical assistance, physical store improvements, and help with marketing. These incentives are structured to reward high levels of engagement and contribute to sustainable healthy food retailing by diversifying stores' business models and attracting customers to stores with healthy options.

The FFH model also includes community outreach, education, and engagement strategies that aim to improve residents' knowledge of healthy nutrition, meal preparation, and local availability of healthy products. Finally, FFH has started to consider its role in addressing broader, systemic barriers to healthy food retailing. All of these strategies are overseen by members of the Healthy Corner Store Collaborative (HCSC). The appropriateness of this approach has been validated by attention received beyond Columbus. FFH was highlighted by ChangeLab Solutions for its innovative use of Community Development Block Grant (CDBG) funding; was invited to participate on a panel at a statewide workshop on healthy retailer certification programs; and was featured in the Food Policy Research Database.

FFH began in 2010 as a collaborative between five local organizations. Three stores were recruited as pilots, and as noted above, increases in foot traffic, the availability of healthy foods, and healthy food purchases were all documented. Two of the three pilot stores have remained engaged in the program – an early testament to the value that storeowners see in participation and to the potential sustainability of the model. The goal of the Demonstration Phase, however, was not just to improve healthy food access in Franklinton but also to establish a foundation for the expansion of FFH. The outcomes of the Expansion Phase described next were informed by lessons learned during the Demonstration Phase. Similarly, the FFH model will continue to evolve, in part based on lessons learned during this initial Expansion Phase.

For the owner of M&J Carryout, participating in FFH has been “the main improvement since we bought [the store] three years ago.” Customers are happy to have local access to fresh, healthy options. Otherwise, he says, they would have to leave the community to get produce, which is a challenge especially for the many residents without cars. FFH financed new windows and tiling for his store. Now, he is more motivated to keep his store clean and invest in projects that make his store “nicer and fresher.” He is proud that his customers are happy, and his business has benefited from having new products. His best selling item is bananas.



The new FFH banana display  
at Rosco's Market



# THE EXPANSION PHASE

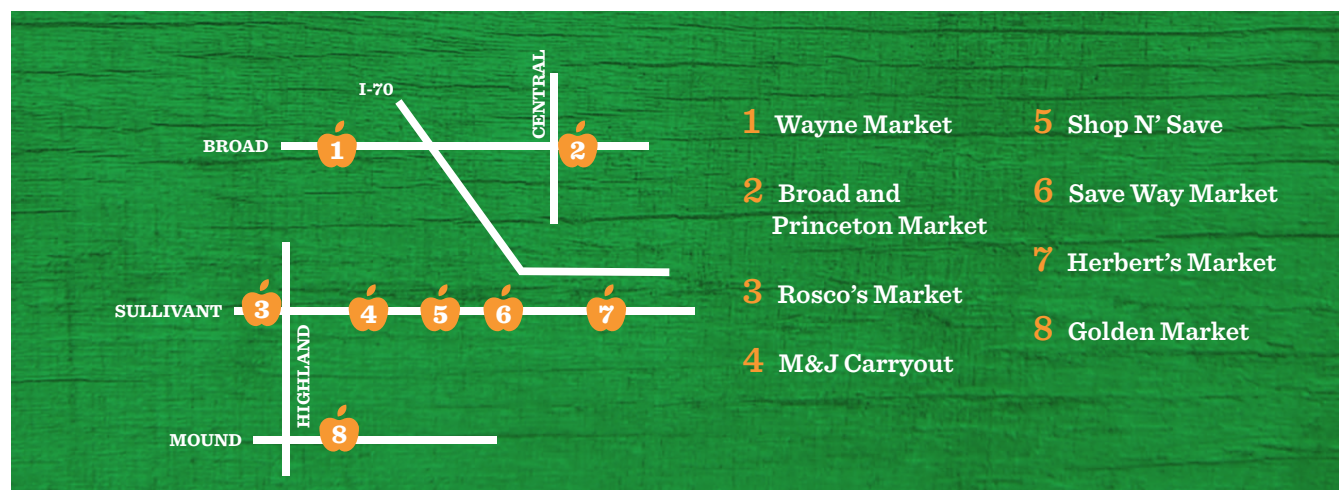
The Expansion Phase began in 2013 with the recruitment of six new stores. Including the two original stores that have remained engaged, FFH now coordinates a network of eight stores. During the Expansion, the reach of the Initiative extended beyond Franklinton to include the Greater Hilltop neighborhood. This section highlights the outcomes of the Expansion Phase, how these grew from past successes, and how they create a foundation for continued work. Informing this discussion are the results from a number of evaluation strategies, including store inventories, consumer surveys, rapid market assessments, invoice reviews, and stakeholder interviews (four with storeowners, four with HCSC members). Interviews occurred in July 2014, and all other methodologies were structured to collect pre-data in November 2013, interim data in January 2014, and post-data in August 2014. Overall, store-level results are summarized in Table One; improvements made to the Initiative's infrastructure are highlighted later in this section.

“I've seen the project grow in its scope and influence, resulting in positive changes for Franklinton. With the neighborhood in transition, FFH is a forerunner in establishing healthful food access.”

-HCSC Member

**Table One:** Overall Expansion Phase Results by FFH Objective

Initiative Results by Objective & Key Indicator		
Objective	Key Indicator	Result
1. Increase the availability of healthy, affordable food in corner stores on the west side of Columbus	1) Store Improvements	• Appropriate incentives coordinated in all stores
	2) Patronage	• 8.2% increase in daily shoppers • 11.4% increase in daily transactions
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## Objective One: Increase availability of healthy, affordable food

### Key Indicator #1 – Store Improvements

Because data from the pilot stores showed positive business outcomes, the FFH project manager was able to approach new stores with a potential business opportunity. Different incentives were available for stores based on their performance. One incentive was the investment of FFH resources in upgrades to store environments. This strategy not only appealed to owners, but it also contributed to the mission of FFH. Store improvements help renew interest in and increase traffic to stores that offer healthy options. Further, appealing displays are especially important when promoting healthy foods.

During the Demonstration Phase, there was evidence that investing in store improvements right away detracted from the development of sustained storeowner buy-in to the FFH model. Therefore, during the Expansion Phase, investments were made in stages in order to reward ongoing demonstration of a strong commitment to the project. This change seemed to help foster higher levels of storeowner commitment as intended.

A wide variety of improvement projects were undertaken at the stores. The six new stores were eligible for basic interior improvements, such as baskets and signs for appealing FFH end cap display units. The four highest performing stores had access to funds for physical improvements. The Neighborhood Design Center, a HCSC member newly involved during the Expansion Phase, provided expert recommendations about each store's needs. The FFH project manager then worked with owners to determine which improvements were most suitable and feasible. Selected exterior improvements included resealing a parking lot, installing new signs, replacing windows, and repainting exterior features. Interior improvements included equipment contributions to a new deli counter, updating refrigerated display units, and upgrading flooring.

During the final round of capital improvements, the commitment fostered was displayed by one storeowner when he contributed \$5,600 of his own money to the projects. As this example especially highlights, the Initiative is supporting the improvement and expansion of local businesses. This is not to say, however, that FFH was strictly a business transaction. One of the storeowners interviewed noted that his “first motivation” was the opportunity to “help the community to eat healthy.”





## Key Indicator #2: Store Patronage

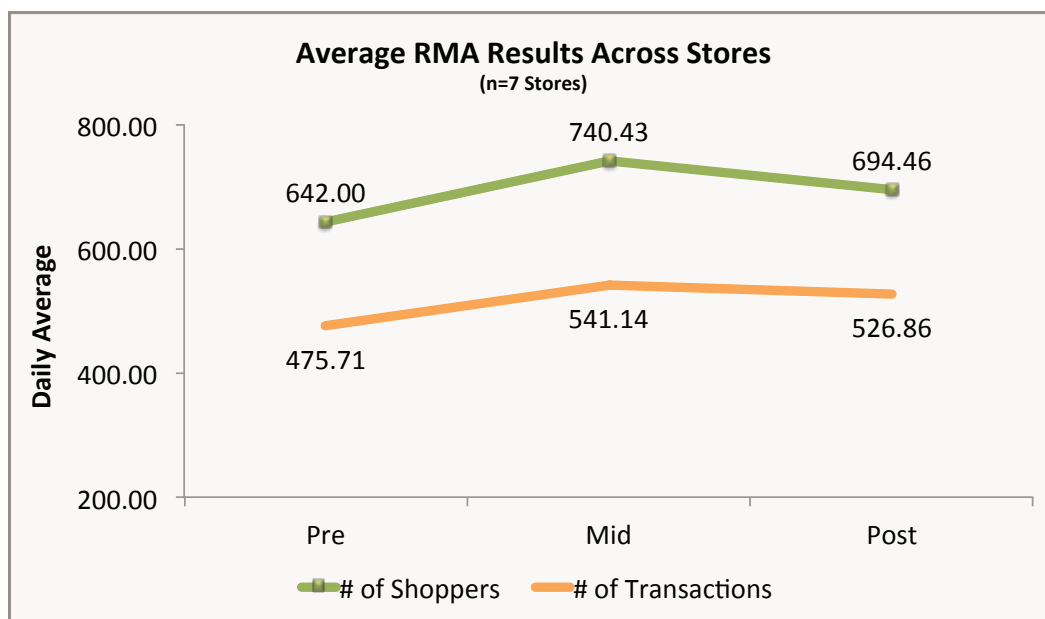
Rapid Market Assessments (RMAs) were conducted to estimate the store foot traffic before, during, and after the Expansion. Volunteers counted the number of customers and transactions at each participating corner store, including the two stores still involved from the Demonstration Phase. Observations were always done during the first week of the evaluation month and at the same time of day in order to control for outside variables that influence sales (e.g. the cycle of federal benefit programs). Volunteers' counts were used to calculate daily estimates. Seven stores had complete data and were included in this analysis.

On average, foot traffic and transactions increased during the Expansion Phase. The largest rise occurred between pre- and interim data collection, and averages remained high as depicted in Figure Two. From pre- to interim, increases in the number of daily shoppers were observed at four of the stores. Increases in two of the remaining three were recorded at post. Consistent with these results, storeowners reported increased patronage. Two specifically mentioned that new customers come for FFH products in addition to the existing customers who are happy to have healthy, fresh options available closer to home.

While marketing and store improvements help bring people to stores, a negative shopping experience might discourage return trips. Many of the FFH strategies have the potential to improve customers' shopping experience, including the physical upgrades to the stores and the encouragement of storeowners to adopt recommended business practices, such as posting prices. Questions regarding shopping experience were included on the customer survey. At all survey administrations and at all stores, more positive emotions (e.g. comfort, joy, interest) were reported than negative (e.g. disgust, fear, shame). The overall trend was an increase in positive emotions. Specifically, the average percentage of reported emotions that were positive increased from 88% to 93%.

*On average, foot traffic and transactions increased during the Expansion Phase.*

**Figure Two:** Results of Rapid Market Assessment Across Participating Corner Stores





### Key Indicator #3: Availability of Healthy Food

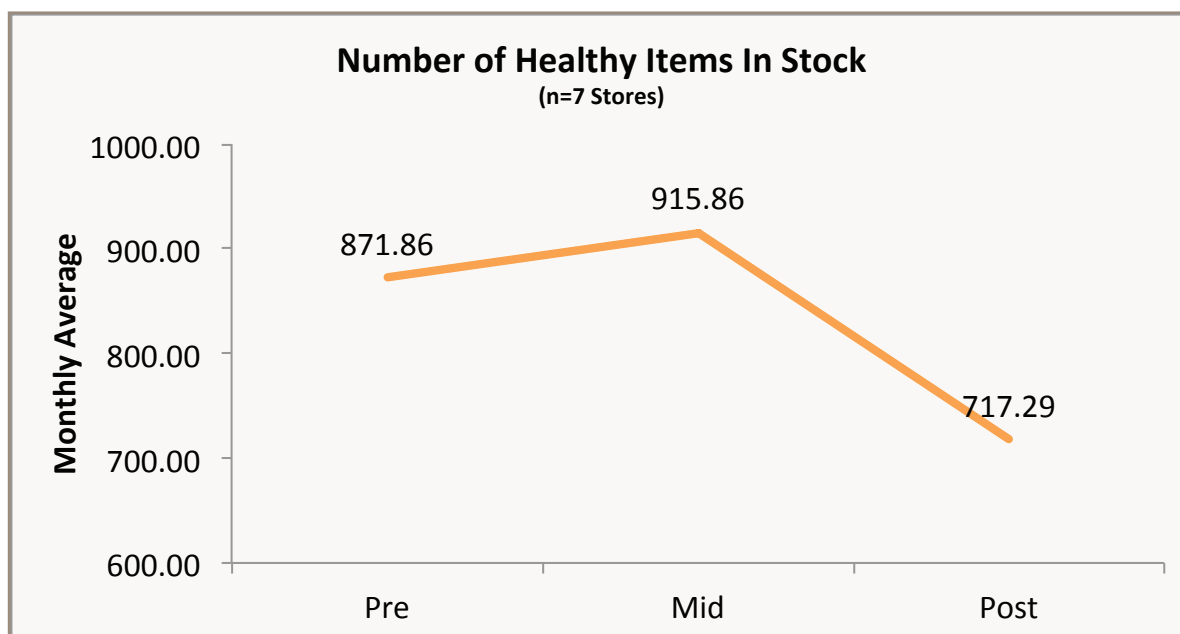
At all three data collection periods, the project manager inventoried the volume and variety of healthy products<sup>1</sup> on stores' shelves. Seven stores had complete data and were included in analyses of this indicator. Similar to the pattern seen in RMA data, both the quantity and variety of healthy products initially increased. Between pre- and interim evaluations, six stores increased the quantity of products available, and four increased the number of varieties. However, store averages for both indicators were lower at post.

A second evaluation strategy also looked at the availability of healthy foods. Invoices were retrieved from storeowners and coded for healthy<sup>1</sup> purchases. Increases in the total number of items and varieties purchased would suggest increased availability in stores. Complete monthly invoices were available from six of the eight stores.

Interestingly, invoice data suggested a different pattern than the inventories. That is, the average number of healthy items ordered increased 110.4% between pre- to interim then held steady for a total 111.5% increase by post. The average number of varieties ordered rose 46.3% from pre- and post-. The largest individual increase was observed at Herbert's, where purchases of healthy options jumped 366%. Importantly, Herbert's overwhelming growth did not single-handedly account for the overall positive trend. Rather, individual increases were documented for four of the five other stores with complete invoice data.

Because of the way invoices were collected, a more detailed analysis was also possible. As can be seen in Figure Four, not only did the average number of healthy items ordered increase, but the average number of fresh fruits and vegetables ordered increased as well. Given the high nutritional value of fresh options, it is encouraging that independent increases were seen specifically in this type of product.

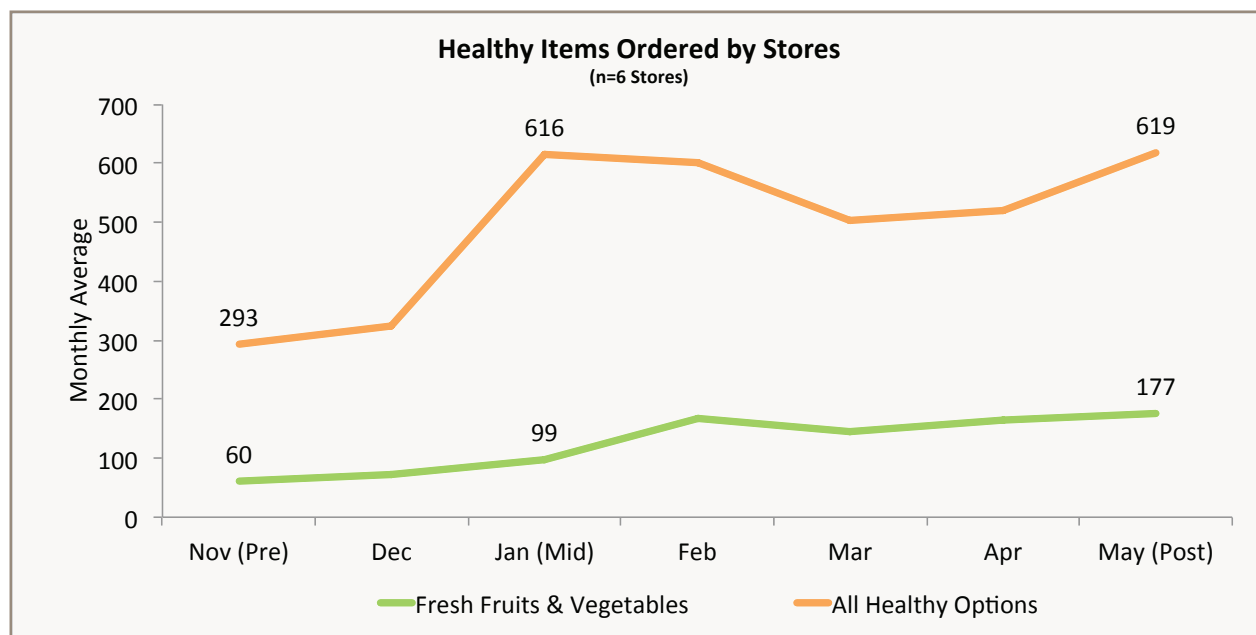
**Figure Three:** Average Number of Healthy Items in Stock



<sup>a</sup> Definitions of healthy based on USDA guidelines.



**Figure Four:** Trends in Stores' Ordering Habits Based on Invoice Data



The experiences reported by the storeowners were consistent with these data. One relayed that he now carried products that he never had before, and the new products were “doing well.” He noted that he could have tried to offer fresh foods on his own but believed that the organized approach of FFH was the support he needed to get started.

Conversely, all four of the storeowners reported throwing away spoiled food, but this was only viewed as a major issue by one, who as a result, switched to canned fruits and vegetables. Of the other three owners, one remarked that, “[expiration/spoiling] can happen with any product.” He reported that products are more likely to go bad near the end of the month, around the time people’s federal nutrition benefits are used up. Such wisdom, gained through storeowners’ experiences, may be important for future stores. Similarly, the store with the rapid increase recorded in invoice data, Herbert’s, was the only original pilot store with invoice data available for the Expansion Phase. While conclusions cannot be drawn on the basis of one case, it may be that the most significant growth occurs after a learning period has passed. The experience of successful, veteran stores will be a valuable resource in the future.



FFH promotional recipes displayed at Herbert's Market

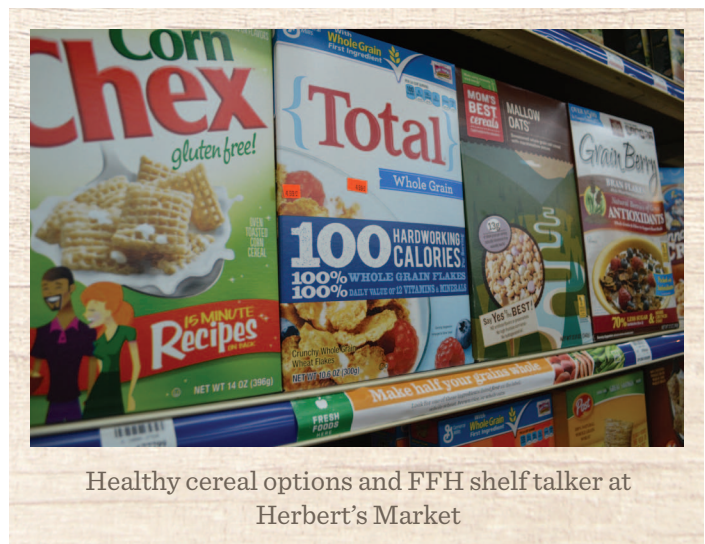


## Objective Two: Encourage Healthy Food Consumption

Because most participating stores do not use bar code systems seen in larger grocery stores, an indirect measure of sales was developed. Invoices from concurrent months (e.g. Nov. & Dec.) were compared. Items ordered by store owners in both months were considered “replaced,” meaning that it was assumed that an order in the second month was made to restock an item sold during the first month. Assuming that items that spoil or sit on the shelf were not re-ordered, this replacement method approximated healthy foods purchases. For one store, point-of-sale data was available, and this replacement method was not used.

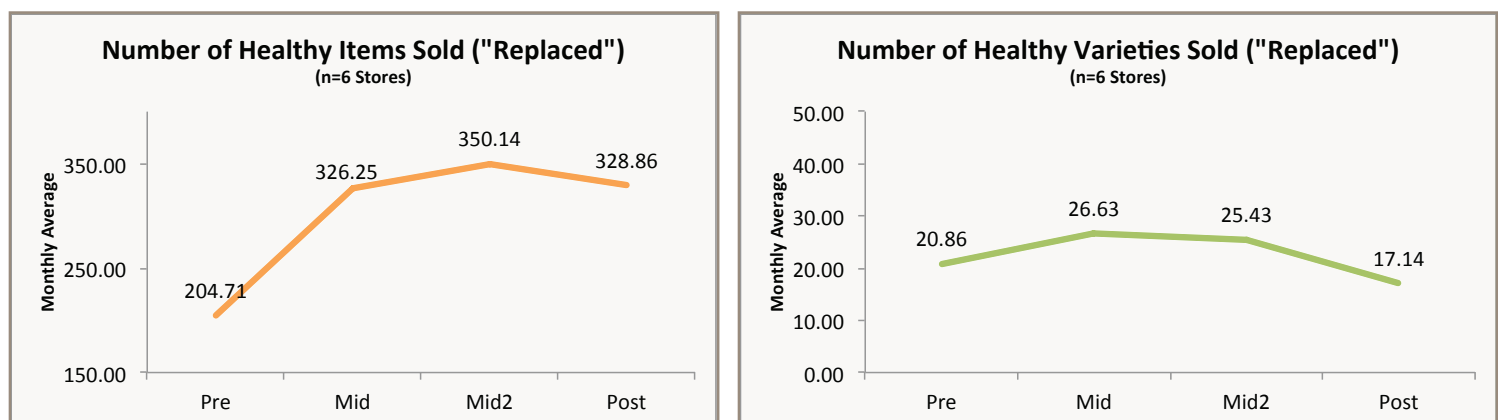
Data from this measure show that the average number of items sold rose 60.6% from pre to post, with most growth occurring right away as shown in Figure Five. Four of the eight stores more than doubled their sales of healthy products by post. Amongst the remaining four, two saw increases in sales and two experienced slight decreases. In contrast to the increase in quantities, the number of varieties sold initially increased but then fell. This may suggest that stores began identifying and purchasing only those items which sold the best. While this is a positive indicator for viability of the business model, continued efforts are needed to make a broad range of products appealing given the different nutritional benefits of different foods.

One strategy used to promote healthy food consumption and increase consumer knowledge was the coordination of cooking demonstrations at participating corner stores. At these events, customers sampled healthy recipes prepared on site. Recipes used ingredients for sale in the stores, and copies of the recipes were made available to customers. Six demonstrations were hosted during the Expansion Phase. One storeowner specifically spoke to the value of this strategy. After the demonstration, he moved the featured ingredients from the FFH end cap to their own shelves where they continued to sell even a few weeks after the event.



*The average number of items sold rose 60.6% from pre to post.*

**Figure Five:** Estimated Sales Based on Replacement Purchases





# THE EXPANSION PHASE *Continued*

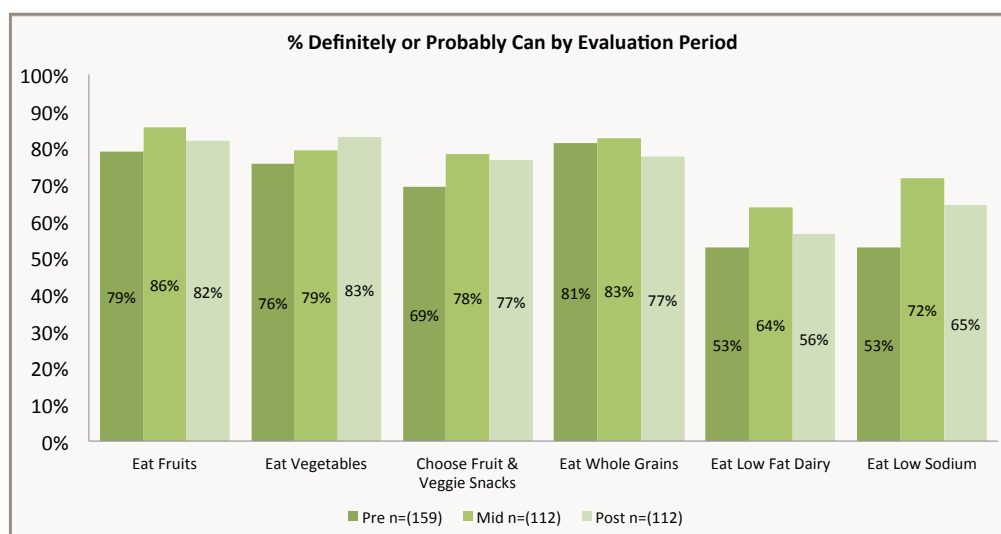
## Objective Three: Increase Consumer Knowledge of Healthy Diets

The consumer survey administered at all three evaluation periods included questions about the importance placed on consuming six types of healthy food and confidence in practicing six healthy eating behaviors. In total, 159 individuals participated during the pre-, 112 during the interim, and 112 during the post-evaluation. There were no significant differences in respondents' demographics across the three periods. Consistently, the average age was between 39 and 40 years; more men participated than women; and the most frequently reported race/ethnicity was Caucasian followed by African American.

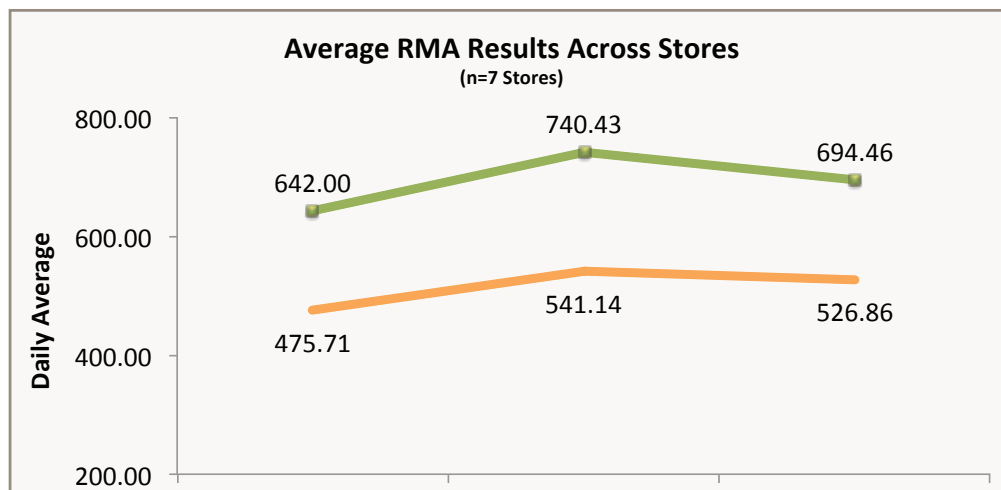
Confidence was rated on a scale of 1 (Definitely cannot) to 5 (Definitely can). Importance was rated on a scale of 1 (Not at all important) to 4 (Very important). Responses of "don't know" were excluded as missing data.

Confidence increased for nearly all behaviors. For example, the percentage of respondents confident (4 or 5 on the 5 point scale) in their ability to eat vegetables increased from 76% to 83%. The average increases in confidence in this behavior and in eating low sodium options were statistically significant. Figure Six depicts trends for all behaviors.

**Figure Six:** Consumer Confidence in Making Healthy Choices



**Figure Seven:** Importance Consumers Placed on Healthy Behaviors





The importance that individuals attach to these healthy behaviors remained steady from pre to post as shown in Figure Seven. Some of these behaviors, such as fruit and vegetable consumption, were already highly valued by respondents and had little room to grow. For both confidence and importance, consuming low-fat dairy options had the lowest scores. New strategies may be needed to promote this particular behavior.

Respondents also were asked if they had heard of FFH. The percentage of people responding, “Yes” increased significantly from 32% to 44%. The low recognition rate at post reinforces the need for ongoing and/or novel marketing strategies. This is especially true given that at the post-evaluation, individuals who recognized the FFH brand were more likely than those who did not to place importance upon and feel confident that they could practice each of the six behaviors. Further, when only individuals who had heard of FFH were considered, there were statistically significant increases from pre- to post- in confidence levels for four of the six behaviors.

Taken together, these data suggest that changes occurred in consumers’ confidence, with the most positive trends observed amongst individuals who recognized FFH. Changing perceptions of the importance of healthy behaviors appears to be more difficult. As such, the positive trend in confidence may reflect improved access that occurred as demonstrated by other portions of this evaluation. Rather than changing individual values, FFH may give individuals who value healthy behavior increased opportunity to transform their beliefs into healthy eating habits.

*Individuals who recognized the FFH brand were more likely to place importance on healthy behaviors and reported more confidence in being able to practice them.*



Shelf signage and expanded fruits and vegetable options at Herbert's Market



## Improvements in Project Infrastructure

The outcomes highlighted in the previous section would not have been possible without a supportive infrastructure. The continued development of the FFH infrastructure was another goal of the Expansion Phase. Themes that emerged during interviews with HCSC members spoke to the continued development of an organizational foundation capable of guiding and sustaining FFH over the long-term. This section also is informed by the ongoing conversations with stakeholders during monthly HCSC and weekly FFH staff meetings.

**Growing the Collaborative.** When FFH started, it was guided by a Collaborative representing five organizations. Now, 14 organizations are part of what is formally known as the Healthy Corner Store Collaborative. A variety of sectors are represented, mirroring the multidimensional nature of FFH's work. Some organizations are in FFH neighborhoods, providing important connections to the community. Others represent a specific industry involved in FFH. With the additions made during the Expansion Phase, the HCSC is uniquely positioned to effectively lead FFH and link the Initiative to other food access work in Central Ohio.

**FFH Staffing.** Contracting with a project manager facilitated many of the Expansion Phase successes and was an important step for FFH. The individual in this position was able to devote her full attention to implementing FFH and serving as the intermediary between the storeowners and the Collaborative. Interviewed storeowners appreciated the support and expertise available through the project manager.

**Community Engagement.** Several new HCSC members became involved through a community engagement process led by Local Matters. Approximately thirty-five individuals from over twenty agencies participated in a series of four meetings. 'Visions for Healthier Food Communities on the West Side' was written as a result of this work. This report includes maps of food assets in Franklinton and Hilltop as well as ideas for promoting healthy food education and access on the West Side. While some of the ideas are outside of the scope of FFH, it was viewed as important for FFH to participate in this process. During the Demonstration Phase, there was a sense that FFH was disconnected from the community. Now, more community partners help promote and support the work of FFH. In turn, FFH is better aligned with the vision of and assets that exist within the community. Allowing community-driven solutions to emerge will be important as FFH looks to expand to new neighborhoods and influence community norms.

**Volunteer Engagement.** During the Expansion Phase, FFH was able to maintain its intensive approach to evaluation by involving volunteers. In total, 48 individuals contributed a total of 258 hours to FFH. These volunteers were recruited through several partners, including the Ohio State University and United Way of Central Ohio. Conversations also began around new, innovative ways to leverage volunteers. Using volunteers helps to expand the reach and impact of FFH at a relatively low cost. That said, if volunteer involvement continues to grow, there may eventually be a need to restructure staff time to account for volunteer management tasks. Such considerations will need to be part of the next phase of FFH as the Initiative builds upon the early foundations laid for volunteer engagement.

“As a stakeholder in Franklinton, Gladden [Community House] has a lot of connections with the residents and agencies in Franklinton, as well as city officials. We work to provide resources to our community members and promote health and education. [Being involved in FFH] is important to Gladden because we care about the health of our residents in Franklinton and will support that in any way we can.”

-HCSC Member



**New & Ongoing Investment.** During the Expansion Phase, larger investments were made in FFH as a result of increases in both the CDBG funding administered by Franklin County Economic Development and Planning and the funding leveraged by the United Way of Central Ohio. New funding was received from the Aetna Foundation. During the Expansion Phase, FFH also was invited to be one of many strategies incorporated in proposals for the Centers for Disease Control's Partnerships to Improve Community Health and Creating Healthy Community grants. The invitation for inclusion in grants of this scale demonstrates that community partners view FFH as an important strategy for promoting the health of Columbus residents. Furthermore, FFH has been considered a key example for potential beneficiaries of an emerging effort to support healthy food retail in low-income communities through a statewide investment fund.

**Marketing & Social Media.** During the Expansion Phase, FFH expanded its online presence with the creation of both Facebook and Twitter accounts. At the time of this report, 124 individuals were connected through Facebook, and 59 individuals followed FFH on Twitter. These platforms allow FFH to disseminate and call attention to FFH and partner activities, USDA nutrition tips, and information about participating stores. Other new marketing strategies employed during the Expansion Phase included bench ads in targeted communities and the development of template FFH posters that can be used to promote the FFH brand directly and in connection with community events related to food access.

**Strategic Planning.** Near the end of the Expansion Phase, FFH launched a strategic planning effort that will guide the future direction of the Initiative. By the end of this process, FFH will have a 3-year strategic plan that outlines the expansion of the healthy corner store model across Columbus. HCSC members aim to prioritize policy and advocacy activities that support healthy food retail and potentially institutionalize FFH in central Ohio. Just as the Expansion Phase reflected learning that occurred during the Demonstration Phase, the strategic plan will be informed by the experiences of the Expansion Phase.

## Current Members of the Healthy Corner Store Collaborative:

Children's Hunger Alliance

Columbus City Schools

Columbus Public Health

Franklinton Board of Trade

Franklinton Gardens

Gladden Community House

Highland Youth Garden

LifeCare Alliance

Local Matters

Mount Carmel Community  
Health Resource Center

Neighborhood Design Center

The Ohio State University  
John Glenn School  
of Public Affairs

The Ohio State University  
Extension



# FUTURE DIRECTION

Fresh Foods Here successfully improved healthy food access on the West Side during both the Demonstration and Expansion Phases, demonstrating its effectiveness as a model. Store-level objectives were met, with increases documented in indicators of healthy food availability, healthy food consumption, and consumer confidence. These successes were facilitated by improvements to the project infrastructure, which will also serve as a strong foundation for continued growth and expansion of the FFH model.

Lessons learned from the evaluation of the Expansion Phase will be important moving forward. However, FFH also will encounter new obstacles, some of which will be unpredictable, but others of which can be anticipated and addressed proactively. As part of the interviews, HCSC members were asked to identify challenges they believed the Initiative will face as it looks to scale up, sustain, and institutionalize its approach. Two broad themes emerged. Programmatically, FFH will need to address limits inherent to its model as it looks to expand its reach. Strategies that worked well for a small network of stores might not be scalable. HCSC members also identified several system-level barriers that FFH will not be able to overcome alone. Systemically, sustaining widespread healthy food retailing will require policy and systems change. FFH will need to position itself within broader efforts to improve the environment for healthy food access and sales in Columbus. Sub-themes that emerged within each of these areas are explored in this section.

## Program-Model Challenges & Opportunities

**Engaging New Neighborhoods:** One of the goals of the next phase of FFH is to expand into a new neighborhood. Those involved in the Initiative recognize both the short-term and long-term importance of generating community buy-in and ownership. Community engagement efforts were strengthened during the Expansion Phase but still done retrospectively on the West Side. Finding strategies to proactively engage potential communities and to utilize community input when selecting expansion sites will be a challenge for FFH moving forward.

**Evaluating a Growing Network:** A time-intensive evaluation strategy was used in the early phases of FFH in order to demonstrate the model's feasibility. During the Expansion Phase, growing pains were experienced as the evaluation required a significant amount of staff time even with the help of volunteers. As FFH is scaled-up, a streamlined evaluation is needed to capture key outcomes without overburdening storeowners and the FFH team. This will require HCSC members to adopt a unified definition of success.

**Technical Assistance:** Storeowners received technical assistance (TA), including basic training on inventory management, displays, and pricing. However, not all recommendations were adopted. Storeowners selected and committed to certain changes, and their performance in only these areas determined incentive eligibility. As a result, certain problematic practices remain unaddressed. While it would be ideal to improve all issues, however, it is important to recognize that several FFH recommendations require significant changes to stores' business model. For instance, carrying produce requires a business model different from that of most corner stores, and there is risk associated with products with limited shelf-lives. Asking too much may discourage storeowner participation and buy-in. Moving forward, FFH will need to continue to be aware of the competing priorities and strive for the right balance of assistance, monitoring, and enforcement. The conditions in which stores operate as well as the resources available to FFH will be important factors to consider.

*FFH will need to continue to be aware of the competing priorities and strive for the right balance of assistance, monitoring, and enforcement.*



**Expanding & Formalizing Partnerships:** As described above, one success of the Expansion Phase was the inclusion of new partners on the HCSC. There are, however, potential partners that remain unengaged, including food banks, libraries, faith-based organizations, and community residents themselves. It may not be appropriate to invite representatives from several organizations to sit on the HCSC. Rather, a challenge FFH will face is the need to find alternate ways for agencies to be involved. Some infrastructure is already in place to build upon. For instance, Greater Hilltop Area Shalom Zone, Lower Lights Christian Health Center, and the Ohio State University Extension Food and Nutrition Education Program (EFNEP) have helped develop and implement educational strategies.

**Managing Capital Improvements:** As new corner stores are added to the FFH network, more capital improvement contracts will need to be established and managed. During the Expansion Phase, this process was laborious and time-consuming. Contractors were not always responsive within the established project timeframe, and as a result some potential resources were not fully utilized during the most recent phase. Part of the struggle during the Expansion Phase stemmed from the shortened window for improvements resulting from the new incentive structure. Given the significant benefits of the incremental incentives, it does not make sense to undo this improvement. Rather, a new solution is needed. Possible solutions include limiting the suite of capital improvement options available and/or developing ongoing partnerships with contractors.

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FFH needs to utilize not only community organizations, but community members as well. Change will best come from within, rather than an outside organization. [FFH] will have great success if it identifies interested lay-people who can promote the wonderful cooking demos and education in churches, community centers, and other gathering places.

”  
-HCSC Member



Customers try a healthy recipe at a cooking demonstration outside of Golden Market



## Systemic Challenges & Opportunities

**Distribution:** Few distributors in Columbus sell fresh, healthy foods at prices and in quantities that fit the needs of storeowners. This barrier was cited as a consistent challenge that prevents owners from translating initial excitement into lasting inventory changes. As new stores are recruited, FFH will be challenged to ensure access to necessary resources. New opportunities to address this barrier were identified near the end of the Expansion Phase. Specifically, FFH initiated conversations with several distributors that expressed interest in developing a distribution model that meets the needs of small retailers. Given that this challenge reflects broader trends in food systems, FFH is on the front edge of important work and has the opportunity to become a model for other healthy corner store initiatives. However, the magnitude of this obstacle should not be underestimated.

**Consumer Demand:** Empowering people to select, prepare, and consume healthful foods is a huge but necessary undertaking. FFH takes a multidimensional approach, and survey data suggest that most customers do place importance upon and feel confident in their ability to consume healthy foods. Still, the consistent perception of storeowners and HCSC members during the Expansion Phase was that demand for healthy items lagged behind that for unhealthy alternatives. An ongoing barrier will be the relative lack of value historically placed on healthy nutrition within the mainstream culture as well as a lack of culinary skills possessed by many in the target population. Partnering with direct-service agencies will be an important way to reach a broad audience, including both adults and youth, with information and education. FFH must continue to play its part in what will be a long-term effort to improve knowledge, attitudes, skills, and behaviors related to eating healthfully.

**Funding Sustained Change:** FFH is currently funded through grants. As stores join the FFH Network, sustainability will become an increasingly important consideration. HCSC members will need to identify both financial and non-financial resources available to support an expanded FFH model while continuing to strengthen individual store operations. A related challenge will be figuring out how FFH can best position itself within conversations about strategies that will help FFH achieve sustainability through policy or systems change. Examples of strategies used in other cities are highlighted in table two. Because FFH has relationships with storeowners and knows first-hand the barriers to retailing healthy foods, FFH will bring valuable insight to conversations regarding which strategy will work best in Columbus.



Fresh fruits stocked among items near the cash register at Broad and Princeton Market



**Table Two:** Alternate strategies for sustaining healthy food retailing

Strategy	Definition	Case Study
Healthy Food Retailer Licensing Ordinance	Require all food retailers to sell healthy foods and/or comply with related requirements	Minneapolis, MN was the first city to regulate nutritional standards in food stores <sup>14</sup> . The city's Healthy Corner Store program has had to provide much technical assistance to help stores comply with the ordinance.
Amend Zoning Laws	Regulate how land can be used in a city, for example by regulating the location of certain businesses	The Food Retail Expansion to Support Health (FRESH) program in New York City uses a zoning approach. For example, food retail stores that locate in food deserts are allowed to have smaller parking lots than what would normally be required. <sup>15</sup>
Certification Program	Offer incentives to retailers who meet particular standards	In Louisville, KY, stores receive incentives through the Healthy in a Hurry certification program. Stores which sell fresh produce are eligible to receive refrigeration equipment, vouchers for produce orders, etc. <sup>16</sup>
Attract Full-Service Food/Retail Stores	Bring larger stores into underserved neighborhoods	This strategy was used when a Save-a-Lot grocery store was opened on the Near East Side of Columbus.
Healthy Food Financing	Provide grants and loans to qualified food retail projects	The Pennsylvania Fresh Food Financing Initiative leveraged \$30 million in state funding to complete projects valued at \$190 million. In six years, 88 grocery stores were opened or improved in underserved PA communities. <sup>17</sup>



Bench advertisements were a new marketing strategy in the Expansion Phase





## Looking Ahead

Limitations inherent in the evaluation strategies informing this report must be considered when drawing any conclusions. Interviews were conducted with only some of the stakeholders involved in FFH; consumer survey data were from repeated cross-sectional, rather than longitudinal measures; and RMA and inventory data were collected at only three instances in time to gauge average progress over the entire year. Still, as this report presented, there was consistent patterns across the various data sources, adding weight to any single argument for the positive difference that FFH made in the communities on the Westside of Columbus. Many infrastructure improvements facilitated this success, but FFH stakeholders are also aware of the challenges that lay ahead.

Discussions of systemic barriers call attention to the fact that FFH is only one example of many food access strategies being implemented in Columbus. This work is necessary given that many Columbus residents still experience food insecurity. Encouragingly, individual organizations have over time organized their efforts into a movement that is poised to make a significant, positive difference. Within this context, FFH stands to have systemic impact as it continues to reach new communities, strengthen its infrastructure, and adapt its approach to new and anticipated challenges. If FFH intentionally builds upon its record of success, there is evidence to suggest that FFH will be able to again replicate and expand its impacts reflected in this report. However, sustaining and scaling equitable food access will require more than getting healthy products into corner stores. FFH is aware of this reality and committed to working with partners to find a community-wide solution to food access issues. Together with its demonstrated ability to make network-level improvements despite the systemic issues, FFH brings important expertise and experience to the Columbus community as it seeks to establish a system that ensures all people have access to healthy food.

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Report prepared by Lauren Paluta, with contributions from Caitlin Marquis, David Ciccone, Matthew Yannie and Grace Hunter. Special thanks to the Healthy Corner Store Collaborative Members and storeowners who shared their time and insight for this report.





FFH end cap at M&J Carryout





# FRESH FOODS HERE

## COLLABORATIVE PARTNERS

Children's Hunger Alliance  
Columbus City Schools  
Columbus Public Health  
Franklinton Board of Trade  
Franklinton Gardens  
Gladden Community House

Highland Youth Garden  
LifeCare Alliance  
Local Matters  
Mount Carmel Community Health  
Resource Center  
Neighborhood Design Center

The Ohio State University  
John Glenn School of Public Affairs  
The Ohio State University Extension  
United Way of Central Ohio

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